THE RURAL DISTRICT COUNCIL

OF THE ISLE OF AXHOLME

Annual Report

of the Medical Officer

of Health

FOR THE YEAR 1958

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Caldicotts, Ltd., Printers, Market Place, Gainsborough.

RURAL DISTRICT COUNCIL
OF THE
ISLE OF AXHOLME
1958

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Rural District Council of the Isle of Axholme

STAFF OF PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :
WILLIAM C. WARD
M.B., B.Ch., B.A.O., D.P.H.

Surveyor, Senior Public Health Inspector and Water Engineer :
J. T. BATTYE
M.A.P.H.I.

Additional Public Health Inspector :
K. C. BEETHAM
Cert. S.I.B.

Annual Report of the Medical Officer of Health for the Year 1958

TO THE CHAIRMAN AND MEMBERS OF THE RURAL DISTRICT COUNCIL OF THE ISLE OF AXHOLME

Public Health Department,
12, Lord Street,
Gainsborough.
Tel. No. 2381

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my Annual Report for the year 1958 on the health and sanitary circumstances of your district. This is my second report and covers the first whole year I have been in your service.

VITAL STATISTICS

The vital statistics are good and compare favourably with those for the country as a whole.

INFECTIOUS DISEASE

There was a decrease in the total number of notifications of infectious disease received during the year.

IMMUNISATION AND VACCINATION

I am sorry to report a big drop in the numbers of children who received immunisation against diphtheria and whooping cough. Last year several small outbreaks of diphtheria occurred throughout the country and there was an increase in the total number of cases. Fortunately we have not had a case. The declining rate of immunisation is an ominous sign. As the number of unprotected in the community increases so also does the risk of a return of this dreadful disease.

Despite the efforts of all officers connected with the preventive health services and the publicity campaigns it is regrettable that so many parents remain apathetic to the need for protecting their children against diphtheria at an early age. I would urge all those parents who think there is no such thing as diphtheria nowadays, and those who are just not bothered, to seriously think again and have their children protected against diphtheria.

Vaccination against Poliomyelitis continued on a much larger scale in 1958. Salk vaccine was imported from America and Canada and this supplemented our own very limited stocks of British manufactured vaccine.

Initialiy there was some hesitation by parents to accept Salk Vaccine for their children but this was eventually overcome, mainly because of the acute shortage of British Vaccine. Once it became obvious that there were no untoward reactions from the Salk vaccine the public became less firm in their choice of vaccine. In September 1958 vaccination was extended to people born in the years 1933 to 1942 and third injections were made available. The response to the offer of vaccination from the older age groups was most disappointing. Perhaps next year more teenagers will accept vaccination.

FOOD POISONING.

In July we had an outbreak of food poisoning affecting 13 people from 11 different households. The offending food, as is often the case, was pork pies.

The outbreak was first reported by the Medical Officer of Appleby Frodingham Iron and Steel Works to the Medical Officer of Health for Scunthorpe. Four people had collapsed at work after eating pork pies and one was so seriously ill that he was admitted to Brumby Isolation Hospital. Two of the men resided in the Isle of Axholme and this information was passed on to me. The General Practitioner attending these men notified me that they were cases of food poisoning and that one was seriously ill.

Investigations brought to light eleven other cases. All thirteen had eaten pork pies produced by a firm in Scunthorpe. The initial two had purchased pies from the firm's shop in Scunthorpe and the other eleven purchased pies from one or two shops in Crowle. This firm's pies are also sold by a shop in Epworth but enquiries from the local General Practitioners did not discover any likely cases. Ten cases occurred in Scunthorpe and two cases in West Ham. The cases in West Ham had eaten a pork pie sent, in a parcel of food, by a relative living in Scunthorpe.

Laboratory investigations identified the offending organism as Staphylococcus Aureus which was isolated from samples of pork pies and the faeces of cases. The organism staphylococcus aureus is commonly found in the nose and on the skin, especially in localised abscesses and suppurating wounds. Food poisoning is caused by a toxin which the bacteria produce. The production of toxin depends on the multiplication of the bacteria, and this upon favourable conditions for growth ; e.g. keeping the food warm and for a considerable time before eating it. This often happens with pork pies. Pies are displayed in hot shop windows and all too frequently they are not eaten on the day purchased.

In this outbreak the time lapse between purchasing and eating the pies was thus :—

Pies eaten	day of purchase	by	4	cases
,,	,, day after	,,	by 6	cases
,,	,, 2 days after	,,	by 3	cases

In addition to this, the pies may have been more than a day old prior to purchase. This will allow ample time for the bacteria to multiply and form enough toxin to poison the person who eats the pie.

Dr. S. Childs, Medical Officer of Health of Scunthorpe fully investigated the food premises where the pies were made. The source of contamination was probably a cut on the finger of the person who put the gelatin into the pies. I should like to thank Dr. Childs for all the information he supplied to me and also Dr. Croll, Public Health Laboratory, Lincoln for examining all our samples and identifying the causal organisms.

Food poisoning of this type can be prevented by proper hygienic practices during preparation which will include reducing the handling of the food to a minimum. The food should be wrapped, kept cool, sold and eaten as soon as possible. Pies should not be displayed in hot shop windows. Surely artificial ones could be used for display purposes.

More health education of the public on food hygiene is needed. The public can help themselves by shopping only at premises where high standards of hygiene and cleanliness are observed and refusing to purchase food which has not been stored and served in such a manner.

FOOD HYGIENE

Health education of the public and all engaged in the handling of food is a constant need. One can never be too careful. The public can help us and themselves by shopping or dining only at premises where high standards of hygiene and cleanliness are observed and refusing to purchase food which has not been prepared, stored and served in such a manner. They should note :—

(1) If the premises are clean.
(2) Are the attendants clean and smart ?
(3) Are their coats clean ?
(4) Is the attendant smoking ?
(5) Are there flies about ?
(6) Is displayed open food covered ?
(7) Is open food handled or picked up with servers ?
(8) Is a cut on finger or hand properly dressed ?
(9) Are servers, knives, forks, slicers, scales, etc., clean ?

Note if proper hygiene is practised and if not, refuse the food and buy elsewhere. This would force the owners of unhygienic food premises to mend their ways or lose their business through lack of custom.

Just one point I should like to make. Few things cause me more annoyance than to see wrapped food in a shop pierced with a price tag. This tag will have been handled and may have some germs upon it. It is then thrust through the protective wrapping which the manufacturers have supplied, into the pie, sausage, or other food. It may be the equivalent of injecting food poisoning germs into the food. This method of marking the price carries with it a serious and most unnecessary risk of food poisoning. I strongly advise people not to purchase food that has been pierced with a price tag.

THE SLAUGHTERHOUSE ACT, 1958

The Slaughterhouse Act, 1958 came into operation this year. This Act and the regulations made under it aim at securing proper construction standards and practices for hygiene and the prevention of cruelty to animals. The Slaughterhouse (Hygiene) Regulations, 1958 are designed to secure the observance of sanitary and cleanly conditions in connection with the construction and operation of slaughterhouses and the handling of meat therein. They impose upon occupiers of slaughterhouses and others, requirements as to the construction, layout, drainage, equipment, maintenance, cleanliness, ventilation, lighting, water supply, management and personal hygiene.

The Slaughter of Animals (Prevention of Cruelty Regulations), 1958 are designed to secure the provision and use of stunning pens for the slaughter of cattle. Lairage shall be suitable for its purpose and be adequate in size and construction. It must provide shelter from the sun and adverse weather. Animals must not be kept in fields awaiting slaughter if the weather or the conditions of the field is likely to cause suffering to the animal.

Under Section 3 of the Slaughterhouse Act, 1958 each Local Authority shall carry out a review of, and after consultation with such organisations as appear to the authority to represent the interests concerned, submit to the Minister a report on :—

(a) The existing and probable future requirements of their district for slaughterhouse facilities having regard to the needs both of persons requiring the use of such facilities and of other persons ; and

(b) The slaughterhouse facilities which are, or are likely to become, available to meet those requirements.

The report must be submitted to the Minister not later than twelve months (or such longer period as the Minister may in any particular case allow) from a date appointed by him for that purpose The Minister has appointed 2nd November, 1959 for this purpose.

CANCER OF THE LUNG

This year three males and one female died of cancer of the Lung as against one male and two female deaths last year.

In last year's report I drew attention to the growing volume of statistical evidence associating cancer of the lung with tobacco smoking. Many people still do not believe that smoking has any effect on one's health let alone be a possible cause of cancer. They say it is only statistical evidence and that cannot prove anything. Some quote : " Statistics can be made to prove anything, including the truth." In his book on " Biological Aspects of Cancer " Sir Julian Huxley (1958, pp. 118—119) sums up the matter thus :—

> " The conclusion to be drawn from the evidence is definite ; increased smoking increases the probability of developing lung cancer. Unfortunately the significance of such a statement is not clear to many people. Obsessed by the naive idea of finding a single cause for every effect, they shake their heads and say that the evidence is only statistical, as if that invalidated it."

Another excuse for throwing doubt on the epidemiological evidence was commented upon thus by Huxley in his book (pp. 63—64) :

> " Some workers are still trying to dodge the issue by pointing out that not all those given to heavy cigarette smoking develop lung cancer. It is surely time that we should drop mediaeval concepts concerning causation and think in terms of multiple correlation. We then find just what we should expect on the supposition that some substances in tobacco smoke and in exhaust fumes or ordinary smoke are carcinogenic, and that the population varies widely in cancer proneness (susceptibility) to them."

As I have said before, whilst smoking has not been definitely proven as **the** cause of cancer, it most certainly plays some part in its causation. Atmospheric pollution also plays some part. The evidence so far gathered indicates tobacco smoking and atmospheric pollution as major causative agents in cancer of the lung.

CLEAN AIR

The remaining provisions of the Clean Air Act, 1956 came into force on the 1st June and prohibited, with certain exceptions, the emission of dark smoke from chimneys ; the discharge of grit and dust from furnaces and the emission of dark smoke from railway engines and ships.

The standard to be applied was laid down in the Dark Smoke (Permitted Periods) Regulations, 1958 which permitted the following :—

(i) Not more than 10 minutes dark smoke emission in aggregate from any chimney in any period of 8 hours.

(ii) This permitted time extended to 14 minutes if soot blowing is carried out within the 8 hour period.

(iii) The 10 and 14 minutes to be extended for chimneys serving more than one furnace as follows :—
A chimney serving 2 furnaces — 18 and 25 minutes respective y ;
A chimney serving 3 furnaces — 24 and 34 minutes respectively ;
A chimney serving 4 or more furnaces — 29 and 41 minutes respectively.

(iv) A continuous emission of dark smoke (other than that caused by soot blowing) for a period not exceeding 4 minutes.

(v) The emmission of black smoke up to 2 minutes in the aggregate in any period of 30 minutes.

In the case of ships a different standard was laid down in the Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958.

The Alkali &c. Works Order, 1958 added to the list of processes subject to control under the Alkali &c. Works Regulation Act, 1906 the following :—

Iron works, Steel works, Copper works, Aluminium works, Electricity works, Producer Gas works, Gas and Coke works, Ceramic works, Lime works, Sulphate Reduction works, Caustic Soda works, and Chemical Incineration works.

Additions were made also to the list of noxious or offensive gases.

Control of these processes is exercised by the Ministry's Alkali Inspectorate and not by local Councils.

THE LAST GREAT EPIDEMIC

One of the sections at the Royal Society of Health Congress this year consisted of a symposium on dental disease which was called the last great epidemic. When one considers the prevalence of dental disease and the pain, misery, ill health and often disfigurement associated with it, one realises how apt is the title.

Although children are on the whole more healthy today, it has been shown that on an average two years after the first teeth have erupted no less than five will have decayed ; and by the time the child is six years old seven teeth are affected.

Dental caries is caused by the action of bacteria in the mouth upon food especially refined carbohydrates and sugars. Bacteria use up the food and increase in numbers. Acid is produced in the breakdown of the sugars and this dissolves the highly calcified part of the tooth enamel. Other bacteria attack the organic part of the enamel. It is thought that destruction of these two portions of the enamel proceeds intermittently. The decay spreads through the enamel to the dentine and the crown of the tooth is destroyed.

The infection may spread to the bone and soft tissues of the face, often with serious consequences.

Particles of food remain around the teeth after eating and this encourages the growth and activity of the bacteria which attack the enamel.

Control of Dental Disease

Once caries occurs, dental treatment by the dentist is the only effective way of dealing with it. Early diagnosis and treatment is essential. There is at the moment an acute shortage of dentists in this country. Over England as a whole there is one general dental practitioner to 4,186 persons. In some areas this figure is doubled. This compares unfavourably with the ratio of one dentist to 1,600 persons in U.S.A. and Norway. In the school dental service the situation is even worse. In many parts of the country there is only one dentist to 10,000 — 12,000 children. There is not a school dentist for the Gainsborough Area.

Dentists spend quite a lot of valuable time in their surgeries treating dental disease that has been caused by neglect. The public are not fully aware of the importance of caring for their teeth. Few realise that preventive dentistry can be practised in the home by employing a correct dietary regime and simple oral hygiene methods. Nor are they encouraged to do so when many industries advertise sweet, starchy confectionery to be eaten between meals. Others advertise their product as protecting teeth from dental decay with one daily brushing. The public need educating in dental hygiene.

G. L. Slack, at the Conference, put control of dental diseases under three headings : Dental treatment ; oral hygiene and dietary control at home and at school ; and public health measures.

(a) Dental Treatment. This should be sought early and regular visits to the dentist will ensure dental health.

(b) Oral Hygiene and Dietary Control. The public need education in these simple matters which only call for the use of common sense. Dental health education should be directed to the children. They would grow up with better teeth and in turn they would ensure the education of their own families. Slack gives the following simple steps to be taken at home and at school to reduce dental disease :

" (i) No between-meal eating or drinking ;

(ii) Regular meal-times ; a planned diet which allows the eating of chocolates and other sweetmeats at table ; the eating of fibrous fruits or vegetables, *e.g.*, apples or carrots, at the end of meals to aid physiological cleansing ;

(iii) The encouragement of children by example and instruction to use the bubble-and-swallow technique of rinsing the mouth with plain water three times after eating or drinking ; and

(iv) Oral hygiene instruction of young children by parents and teachers showing the value of tooth-brushing, especially as the last thing done at night.

It will be noticed that no mention has been made of toothpastes. This is deliberate for, although some promising work is in progress, there is as yet no toothpaste which will prevent dental disease. However, if the public are encouraged to attend more diligently to their mouth hygiene by the efforts of toothpaste manufacturers to sell their products, so much the better."

(c) Public Health Measures In the past quarter of a century studies have been carried out particularly in the United States on the effect of drinking water and dental caries. It was found that in areas where the drinking water had a high fluoride content the incidence of caries was low. Where there was a level of one part per million of fluoride the incidence of caries was 60% less among children age 12-14 years than among children of the same age group in non-fluoride areas. As a result of these findings it was decided to treat some drinking waters and bring the fluoride level up to one part per million and see if the same reduction in dental caries was observed. This procedure called fluoridation of water supplies was started in 1945. Control areas where the water was not treated were chosen. Detailed dental examinations were carried out in each area prior to fluoridation and each year afterwards. Reports at the end of ten years study showed that caries had been markedly reduced among those children who had consumed the fluoridated water for the whole of their lives. Up to the present the effect of fluoridation can be assessed only on children. This is because fluoridation, to be fully effective, must be ingested during the period of tooth formation, that is, from before birth until seven or eight years. There is good reason to believe that the benefit will extend to all ages.

It has been known for years in this country that fluoride in drinking water is associated with lowered dental caries. In 1952 the Government, on the recommendation of the Medical Research Council, sent a mission to the United States of America to study fluoridation in all its aspects. The mission's report was favourable and it was decided to introduce fluoridation in a few selected areas in this country. Fluoridation is operating under the auspices of the Ministry of Health in Anglesey, Kilmarnock and Watford. Each has a control area. Many other local authorities are interested but have been advised to hold up their plans for the time being until results of these studies become available. There were originally four areas where fluoridation was started but unfortunately one local authority, Andover, abandoned its arrangements largely due to opposition from opponents of fluoridation. Like many discoveries in the past fluoridation has provoked stormy opposition from certain members of the public. Before it can be introduced on a large scale this opposition will have to be overcome. This can only be achieved by placing the full facts before the public and educating them in the pros and cons of fluoridation and finally proving that it is of benefit to them to drink water containing a certain proportion of fluoride. It should be pointed out that all water supplies contain some natural fluoride and that fluoridation

merely brings the level up to what is considered beneficial and safe.

The effects of fluoride have been observed in other areas where there is a naturally occurring water with a high fluoride content, *e.g.*, India, Italy, Morocco, Argentina, South Africa and Kenya. In each case a lower incidence of caries has been reported similar to the American findings.

Fluoridation is practised most extensively in the United States and Canada. In the United States 1,651 Communities serving 33 to 34 million were obtaining water to which fluoride had been added. In Canada one in seventeen of the population drinks fluoridated water. Twenty-eight municipalities, with a population of approximately one million have controlled fluoridation. Fluoridation is also practised to some extent in Australia, Belgium, Brazil, Chile, Columbia, Czechoslovakia Germany, Holland, Japan, New Zealand, Sweden, Switzerland.

I am grateful to many of my colleagues for the information concerning their departments included in this report. I should particularly like to thank the Lindsey County Medical Officer, Dr. C. D. Cormac and his staff for their help and co-operation, and Mr. Battye, my Chief Public Health Inspector, who got together quite a considerable amount of the details and information presented in this report.

I should also like to express my thanks to the Chairman and Members of the Health Committee and to Members of the Council for their support during the year.

Finally I wish to record my thanks to the staff of my own department, Mr. Battye, Chief Public Health Inspector, Mr. Beetham, Additional Public Health Inspector, and also the clerical staff, for their loyal co-operation and assistance.

I am,

Your obedient Servant,

WILLIAM C. WARD,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area of the Rural District.....51,104 acres
Estimated Population 14,300
Rateable Value at 31st March, 1959 ..... £87,967
Sum Represented by 1d. Rate.....£339

The district is a flat stretch of Land forming the North-Western portion of Lincolnshire. It is bounded to the North and West by by the West Riding of Yorkshire, to the South by Nottingham and to the East by the River Trent.

The drainage of the area has resulted in this becoming a very fertile food producing district. The essential industry is agriculture with its usual small ancillary industries.

A large grain silo and seed dressing depot and a grass drying plant are situated in Epworth. There is a dehydrating plant at Crowle where all types of foods are processed. A very large electricity generating station, owned by the British Electricity Authority is at Keadby. Other industries include Tillage Works, Brickyards, Agriculture Machinery and Builders' businesses.

VITAL STATISTICS

Vital statistics are calculated on estimated population as supplied by the Registrar General.

Births

	Total	Male	Female
Live Births—Legitimate	219	112	107
Illegitimate	15	12	3
Totals	234	124	110

	Total	Male	Female
Still Births—Legitimate	8	4	4
Illegitimate	—	—	—
Totals	8	4	4

	Isle of Axholme R.D.C.	England & Wales
Birth Rate per 1,000 population :		
Live Births	16.69	16.4
Still Births	0.56	0.36
Still Birth Rate per 1,000 total live and still births	33.06	21.6

Deaths

	Total	Male	Female
All Causes	168	89	79

	Isle of Axholme R.D.C.	England & Wales
Revised death rate per 1,000 population	11.51	11.7
Maternal Mortality :		
Deaths from pregnancy, childbirth, abortion	Nil	322
Mortality Rate per 1,000 total (live and still) births	Nil	0.43

Infant Deaths

	Total	Male	Female
Under 1 year —Legitimate	3	3	—
Illegitimate	1	1	—
Totals	4	4	—

	Total	Male	Female
Under 4 weeks—Legitimate	1	1	—
Illegitimate	—	—	—
Totals	1	1	—

	Total	Male	Female
Under 1 week	1	1	—

Infant Mortality Rate
(*i.e.* under 1 year)

	Isle of Axholme R.D.C.	England & Wales
All infants per 1,000 live births	17.10	22.6
Legitimate infants per 1,000 legitimate births	13.70	
Illegitimate infants per 1,000 illegitimate births	66.66	
Neo-natal Mortality Rate (*i.e.* under 4 weeks)		
All infants per 1,000 live births	4.27	16.2
Legitimate infants per 1,000 legitimate births	4.56	
Illegitimate infants per 1,000 illegitimate births	Nil	
Peri-natal Mortality Rate (*i.e.* Still Births and deaths under 1 week per 1,000 total births)	37.19	35.1

COMPARATIVE TABLE

RURAL DISTRICT OF THE ISLE OF AXHOLME Population 14,300	Live Births		Deaths (All causes)		Still Births		Maternal Mortality		Infant Mortality			
									Total		Neo-Natal	
	No. registered	Rate per 1000 pop'n	No. registered	Rate per 1000 pop'n	No. registered	Rate per 1000 total births	No. of deaths registered	Rate per 1000 total births	No. of deaths registered	Rate per 1000 live births	No. of deaths registered	Rate per 1000 live births
Year 1958	234	*16.36	168	‡11.08	8	33.06	Nil	Nil	4	17.10	1	4.27
Year 1957	242	16.92	139	9.72	7	28.11	Nil	Nil	4	16.53	2	8.26
Year 1956	255	19.03	183	13.31	9	34.09	Nil	Nil	4	15.69	2	7.84
Year 1955	229	16.44	157	10.51	4	17.17	Nil	Nil	12	52.41	7	30.57
Year 1954	248	18.01	137	9.27	6	24.19	1	3.93	5	20.16	1	4.03
Year 1953	262	19.49	148	9.66	4	15.04	1	3.76	6	22.91	3	11.45
Average 5 years — 1953 — 1957	—	17.98	—	10.49	—	23.72	—	1.54	—	25.54	—	12.43

* 1958 adjusted live birth rate (comparability factor, 1.02) — 16.69 per 1,000

‡ 1958 adjusted death rate (comparability factor, 1.04) — 11.51 per 1,000

Summary of the Principal Causes of Death, 1958

(Registrar-General's Official Returns, 1958)

All Causes 168 — Males 89, Females 79.

	Causes of Death	Males	Females	Total
1	Tuberculosis, respiratory	—	—	—
2	Tuberculosis, other	—	—	—
3	Syphilitic disease	—	—	—
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal infections	—	—	—
7	Acute poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other infective and parasitic diseases	—	—	—
10	Malignant neoplasm, stomach	3	1	4
11	Malignant neoplasm, lung, bronchus	3	1	4
12	Malignant neoplasm, breast	—	4	4
13	Malignant neoplasm, uterus	—	2	2
14	Other malignant and lymphatic neoplasms	9	6	15
15	Leukaemia, aleukaemia	—	—	—
16	Diabetes	1	—	1
17	Vascular lesions of nervous system	12	22	34
18	Coronary disease, angina	20	11	31
19	Hypertension with heart disease	1	—	1
20	Other heart disease	5	15	20
21	Other circulatory diseases	2	2	4
22	Influenza	1	—	1
23	Pneumonia	3	2	5
24	Bronchitis	7	2	9
25	Other diseases of respiratory system	2	—	2
26	Ulcer of stomach and duodenum	—	1	1
27	Gastritis, enteritis, and diarrhoea	2	—	2
28	Nephritis and nephrosis	—	2	2
29	Hyperplasia of prostate	3	—	3
30	Pregnancy, childbirth, abortion	—	—	—
31	Congenital malformations	2	—	2
32	Other defined and ill-defined diseases	6	8	14
33	Motor vehicle accidents	—	—	—
34	All other accidents	4	—	4
35	Suicide	3	—	3
36	Homicide and operations of war	—	—	—
		89	79	168

ENGLAND AND WALES

BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1958.
(Provisonal figures based on Registrar-General's Weekly and Quarterly Returns)

	Birth-Rate per 1,000 Population		Annual Death-Rate per 1,000 Population					Rate per 1,000 Live Births		Rate per 1,000 Live and Still Births	Rate per 1,000 total (live and still) Births
	Live Births	Still-Births	All Causes	Tuberculosis (Respiratory)	Tuberculosis (Non-respiratory)	Cancer (Lung & Bronchus)	Cancer (Other)	Infant Mortality	Neo-Natal Mortality	Peri-Natal Mortality	Maternal Mortality
Isle of Axholme Rural District											
Estimated home population mid-1958 — 14,300)	16.69	0.56 (33.06(a)	11.51	Nil	Nil	0.28	1.75	17.10	4.27	37.19	Nil
England and Wales											
(Estimated home population mid-1958 — 45,109,000)	16.4	0.36 (21.6 (a)	11.7	0.09	0.01	0.44	1.68	22.6	16.2	35.1	0.43

(a) per 1,000 total (live and still) births.

INFANT MORTALITY

Infant deaths under one year of age for 1958 were four. The causes of these deaths are listed.

CAUSES OF DEATH	Under one week	One week to three months	Three months to six months	Six months to nine months	Nine months to one year	Total under one year
All Causes	1	1	1	—	1	4
Prematurity	—	—	—	—	—	—
Atelectasis	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—
Congenital Heart	1	—	—	—	—	1
Spina Bifida	—	—	—	—	—	—
Other	—	1	1	—	1	3

	Isle of Axholme R.D.C.	England & Wales
Infant Mortality Rate (*i.e.* Deaths under 1 year per 1,000 live births)	17.10	22.6
Neo-natal Mortality Rate (*i.e.* Deaths under 4 weeks per 1,000 live births)	4.27	16.2
Peri-natal Mortality Rate (*i.e.* Still births and deaths under 1 week per 1,000 total live and still births)	37.19	35.1

MATERNAL MORTALITY

No maternal deaths occured during the year.

Table showing the total number of births (live births plus still births) and the total number of maternal deaths.

Year	Total Number of Births	Number of Maternal Deaths
1958	242	Nil
1957	249	Nil
1956	264	Nil
1955	233	Nil
1954	254	1
1953	266	1

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

A. SERVICES PROVIDED BY THE COUNTY COUNCIL.

Health Information.

Enquiries relating to local health services may be made of the Medical Officer of Health, Health Department, Lord Street, Gainsborough. The County Medical Officer is Dr. C. D. Cormac, M.A., B.M., B.Ch., D.P.H., P.O. Box No. 26, County Offices, Lincoln. Many various facilities are available under the following headings:

Maternity Service.
Child Care.
Home Nursing.
Health Visitors.
Home Help.
Sick Room Requisites, appliances and other equipment.
Vaccination and Immunisation.
Mental Health.
Ambulance Service.
Minor Ailment Clinics for School Children.
Infant Welfare Centres and Ante-Natal Clinics.

The County Council's Clinics function in the Isle of Axholme at the following times and places:

CROWLE. Women's Institute.

Infant Welfare Centre.
1st and 3rd Wednesday in the month, 2 p.m.
Ante Natal Clinic.
3rd Wednesday morning in the month.

EPWORTH. Thurlow Methodist Schoolroom.

Infant Welfare Centre.
2nd and 4th Wednesday afternoon in the month.

HAXEY. Memorial Hall.

Infant Welfare Centre.
2nd and 4th Thursday morning in the month.
Ante Natal Clinic.
2nd and 4th Wednesday morning in the month.

KEADBY. St. John's Ambulance Hut.

Infant Welfare Centre.
2 p.m. each Tuesday.

The County Council as the Local Education Authority is responsible for the School Health Service. In addition to the clinics mentioned above, specialist services are arranged, with the co-operation of the child's family doctor, through the hospital services.

SERVICES PROVIDED BY THE LOCAL EXECUTIVE COUNCIL.

These consist of General Practitioner medical and obstetrical care, with the provision of medicines, drugs and medical and surgical appliances; dental care and a supplementary eye service with provision for the testing of eyesight and the supply of glasses.

SERVICES PROVIDED BY THE REGIONAL HOSPITAL BOARD.

Hospital and Specialist services are provided by the Sheffield Regional Hospital Board. They are responsible for the adequate provision of all forms of treatment in both general and specialised hospitals. This is provided both on an in-patient and out-patient basis.

HOUSING STATISTICS

Total Number of New Houses erected during the year

(1)	By the Local Authority	20
(2)	By other Local Authorities	—
(3)	By other bodies or persons	9
(4)	Number allocated for replacing houses subject to Demolition Orders	20

Rent Act, 1957

Number of certificates of disrepair issued	1

Inspection of Dwellinghouses during the year—

(a)	Total number of dwellinghouses inspected for housing (under Public Health or Housing Acts)	68
(b)	Number of inspections made for the purpose	89

Remedy of defects during the year without service of formal Notices—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	10

Action under Statutory Powers during the year—

(1)	Proceedings under Public Health Acts :—		
	(a)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	1
	(b)	Number of dwellinghouses in which defects were remedied after service of formal notices :—	
		(i) by owners	—
		(ii) by Local Authority in default of owners	—
(2)	Proceedings under the Housing Acts :—		
	(a)	Number of dwellinghouses in respect of which notices were served requiring repairs	1
	(b)	Number of dwellinghouses which were rendered fit after service of formal notices :—	
		(i) by owners	—
		(ii) by Local Authority in default of owners	—
		(iii) Number of unfit houses purchased by Local Authority in accordance with the Housing Acts	—
(3)	Slum Clearance — proceedings under the Housing Acts :—		
	(a)	Number of dwellinghouses in respect of which Demolition Orders were made	8
	(b)	Number of dwellinghouses demolished in pursuance of Demolition Orders	8
	(c)	Number of dwellinghouses, or parts, subject to Closing Orders	27
	(d)	Number of dwellinghouses, or parts, rendered fit by undertakings	—
	(e)	Number of dwellinghouses included in confirmed Clearance Orders	7
	(f)	Number of dwellinghouses demolished in pursuance thereof	—
	(g)	Number of dwellinghouses in confirmed Clearance Orders demolished	—
	(h)	Number of dwellinghouses on which Demolition Orders are operative which are still occupied	6
(4)	Number of Nissen Huts or other similar Hutments still occupied		—

Housing Acts—Overcrowding.

(a)	(i) Number of cases of overcrowding relieved during the year	—
	(ii) Number of persons concerned in such cases	—
(b)	(i) Number of dwellings overcrowded at the end of the year	4
	(ii) Number of families dwelling therein	4
	(iii)Number of persons dwelling therein	36

Housing Act, 1949.

Number of houses for which applications for grants have been received	17
Number of houses subject to grant	15
Number of houses owned by local authority which have been the subject of grant aid by the Ministry	—

Moveable Dwellings, Tents, Vans, etc.

Number of site licences	32
Number of individual licences	26
Total number of caravans permitted under licences	32
Number of inspections during the year — Sites	21
— Dwellings	16
Number of contravention remedied	—

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The number of cases of infectious disease (excluding Tuberculosis) notified was 9 compared with 314 in 1957.

Details of infectious diseases are as follows :—

TABLE I

Disease	Number of Cases Notified
Scarlet Fever	3
Measles	4
Food Poisoning	2
Total	9

TABLE II.

DISTRIBUTION IN PARISHES.

Parish	Scarlet Fever	Measles	Food Poisoning	Pulm. Tuberculosis
Belton	—	—	—	1
Crowle	—	—	—	2
Epworth	—	—	—	1
Haxey	2	1	—	—
Keadby	—	3	—	—
Westwoodside	1	—	—	—
West Butterwick	—	—	2	—
Wroot	—	—	—	1
Total ...	3	4	2	5

TABLE III.

AGE INCIDENCE OF INFECTIOUS DISEASE.

Ages	Scarlet Fever	Measles	Food Poisoning
0— 1	—	—	—
1— 2	—	1	—
2— 3	—	1	—
3— 4	—	1	—
4— 5	—	1	—
5—10	3	—	—
10—15	—	—	—
15—20	—	—	—
20—35	—	—	2
35 Upwards	—	—	—
Age Unknown	—	—	—
Total ...	3	4	2

TABLE IV.

MONTHLY DISTRIBUTION OF INFECTIOUS DISEASE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		Totals
Scarlet Fever	—	—	—	—	—	—	2	—	—	1	—	—	...	3
Measles	—	—	—	—	—	—	—	—	—	—	—	4	...	4
Food Poisoning ...	—	—	—	—	—	—	2	—	—	—	—	—	...	2
Tuberculosis—														
Pulmonary ...	1	—	—	—	—	1	—	—	—	1	1	1	...	5
Total ...	1	—	—	—	—	1	4	—	—	2	1	5	...	14

TUBERCULOSIS

There were five new cases of Pulmonary Tuberculosis notified during the year. There was no new case of Non-Pulmonary Tuberculosis. No deaths from Pulmonary Tuberculosis and none from Non-Pulmonary Tuberculosis occurred.

Table (a) shows the incidence of new cases and deaths as regards age and sex. Table (b) is a copy of the Tuberculosis Register.

Table (a) — New Cases and Deaths.

	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
Age Periods	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1–2 years	—	—	—	—	—	—	—	—
2–3 years	—	—	—	—	—	—	—	—
3–4 years	—	—	—	—	—	—	—	—
4–5 years	—	—	—	—	—	—	—	—
5–10 years	—	1	—	—	—	—	—	—
10–15 years	—	—	—	—	—	—	—	—
15–20 years	—	—	—	—	—	—	—	—
20–35 years	2	2	—	—	—	—	—	—
35–45 years	—	—	—	—	—	—	—	—
45–65 years	—	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—
Totals	2	3	—	—	—	—	—	—

Table — (b) TUBERCULOSIS REGISTER, 1958

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
On Register 31/12/57	33	11	44	5	5	10	38	16	54
Additions :									
Primary Notifications	2	3	5	—	—	—	2	3	5
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas		—	—	—	—	—	—	—	—
Returned to the District	—	—	—	—	—	—	—	—	—
Transfer from other sections	—	—	—	—	—	—	—	—	—
Total Additions	2	3	5	—	—	—	2	3	5
Deductions :									
Deaths	—	—	—	—	—	—	—	—	—
Left the District	—	—	—	—	—	—	—	—	—
Recovered	—	—	—	—	—	—	—	—	—
Diagnosis not confirmed	—	—	—	—	—	—	—	—	—
Transfer to other sections	—	—	—	—	—	—	—	—	—
Total Deductions	—	—	—	—	—	—	—	—	—
On Register 31/12/58	35	14	49	5	5	10	40	19	59

CANCER

The number of deaths due to cancer in 1958 was 29 as compared with 21 in the previous year.

The sites of the disease are shown in the following table.

Site of Malignant Disease		1958	1957	1956	1955	1954	1953
Stomach	M	3	1	3	1	—	1
	F	1	1	1	1	—	4
Lung and Bronchus	M	3	1	2	3	—	5
	F	1	2	—	—	—	—
Breast	M	—	—	—	—	—	—
	F	4	2	1	5	1	1
Uterus	F	2	1	—	—	1	1
Other malignant and lymphatic neoplasms	M	9	7	14	4	7	4
	F	6	6	4	4	4	5
Leukaemia	M	—	—	2	2	1	1
	F	—	—	1	—	—	—
Totals	M	15	9	21	10	8	11
	F	14	12	7	10	6	11
Grand Total		29	21	28	20	14	22

VACCINATION AND IMMUNISATION

Particulars of immunisations and vaccinations carried out in the Isle of Axholme Rural District during 1958.

Diptheria Immunisation

Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
5	24	120

Diphtheria and Whooping Cough Immunisations

Under 1	1	2	3	4	5–9	10–14	Total
34	16	1	1	1	3	—	56

Diptheria, Tetanus and Whooping Cough Immunisations

Under 1	1	2	3	4	5–9	10–14	Total
11	3	—	—	—	—	—	14

Diphtheria Tetanus Immunisations

Under 1	1	2	3	4	5–9	10–14	Total
—	—	—	—	—	—	—	—

Whooping Cough Immunisations

Under 1	1	2	3	4	5–9	10–14	Total
—	—	—	—	—	—	—	—

Whooping Cough and Tetanus Immunisations

Under 1	1	2	3	4	5–9	10–14	Total
—	—	—	—	—	—	—	—

Smallpox	Under One	1–4	5–14	15 or over	Total
Vaccination	32	6	2	15	55
Re-vaccination	—	—	—	6	6

Tetanus	Under One	1–4	5–14	15 or over	Total
Vaccination	—	—	—	—	—
Booster	—	—	—	—	—

Vaccination against Tuberculosis.

Of 102 thirteen-years-old school children tested it was found that 25 were positive and did not require vaccination and 77 were negative and were given B.C.G. vaccination. The 25 positive reactors were X-rayed, but did not show active tuberculosis.

Vaccination against Poliomyelitis.

It has not been possible to break down the figures held by the County Council's Health Department into individual districts. However, it can be said that vaccination is proceeding with all haste and it is only the shortage of vaccine that is limiting the number of children who can be vaccinated. When the supply of vaccine becomes more plentiful all who request it will be vaccinated.

SCHOOL HEALTH SERVICE.

This service is provided by the County Council and I, as School Medical Officer, carried out inspections, etc., in our schools. The state of health, general nutrition and cleanliness of the children was of a high standard. Routine medical inspection is carried out on children in their first year at school, in their first year at secondary school, and in their last year at school. Besides these routine medical inspections, children with any defects are regularly seen at "supervisory" examinations and any child referred by a parent or teacher is given a "special" examination. I am grateful to the County Medical Officer for permission to include the following summary of work carried out during 1958 in our area.

TABLE A

ROUTINE MEDICAL INSPECTION

Age Groups (by years of birth)	Number of Children				Physical Condition	
	Inspected	Found to require treatment (including cases under treatment —excluding dental diseases, and infestation with vermin			Satisfactory	Unsatisfactory
		For defective vision excluding squint	For any other condition	Total individual requiring treatment		
1954 and later	3	—	—	—	3	—
1953	159	2	25	26	159	—
1952	111	1	15	16	107	4
1951	35	1	7	8	34	1
1950	9	—	2	2	9	—
1949	2	—	1	1	2	—
1948	4	—	—	—	4	—
1947	30	2	1	3	30	—
1946	82	7	3	10	82	—
1945	36	1	5	6	36	—
1944	50	6	4	10	50	—
1943 and earlier	93	7	3	10	93	—
TOTAL	614	27	66	92	609	5

TABLE B.

Inspections carried out in the Gainsborough Rural District during 1958.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
Skin	7	10	—	—
Eyes				
(a) Vision	27	20	—	1
(b) Squint	13	2	—	—
(c) Other	2	2	—	—
Ears				
(a) Hearing	6	13	—	1
(b) Otitis Media	3	6	—	—
(c) Other	3	6	—	—
Nose and Throat	7	25	—	—
Speech	1	3	—	1
Lymphatic Glands	1	8	—	—
Heart	2	10	—	—
Lungs	2	19	—	—
Developmental				
(a) Hernia	3	3	—	—
(b) Other	9	7	—	—
Orthopaedic				
(a) Posture	5	9	—	—
(b) Feet	3	2	—	—
(c) Other	3	6	—	—
Nervous System				
(a) Epilepsy	—	—	—	—
(b) Other	2	2	—	—
Psychological				
(a) Development	1	4	—	1
(b) Stability	2	3	—	—
Other	3	8	—	—

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

ANALYSIS OF FOOD PREMISES WITHIN THE DISTRICT

Type of Business	No. of Premises
General Grocers and Provision Dealers	56
Greengrocers and Fruiterers (including those selling wet fish, game, etc.)	4
Meat Shops (butchers, purveyors of cooked and preserved meats, tripe, etc.)	26
Bakers and/or Confectioners	7
Fried Fish Shops	10
Shops selling mainly Sugar Confectionery, Minerals, Ice Cream, etc.	7
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc.	51
Others	0
Total	161

327 inspections were made during the year of the above premises, and of 32 contraventions found, 17 were remedied.

FOOD AND DRUGS ACT, 1955, SECTION 16 REGISTERED PREMISES

Type of Business	No. registered	No. of inspections during year
Ice Cream (Manufacture)	—	—
Ice Cream (Storage and Sale)	48	81
Preparation and Manufacture of Meat Products, including Meat Pies	26	457
Totals	74	538

MILK AND DAIRIES.

The Council is responsible for the registration of dairy premises and milk distributors in the area. We are also responsible for the issue of Dealers' and Supplementary Licences and the conditions under which milk is retailed to the public.

Number of Dairies on register 0

Number of distributors on register:

Sterilised Milk	26
Pasteurised Milk	20
Tuberculin Tested Milk	6

All the above were satisfactory.

One sample of milk was taken prior to pasteurisation and sent for biological examination. This, also, was satisfactory.

Three samples of Sterilised and 20 Samples of Pasteurised Milk were taken for bacteriological examination. Two samples of Pasteurised Milk were found to be unsatisfactory. Appropriate action was taken.

The Ministry of Agriculture, Fisheries and Food is responsible for the control of milk production. The supervising of pasteurising plants is excercised by the Lindsey County Council.

THE MILK (SPECIAL DESIGNATION) (SPECIFIED AREAS) ORDER, 1956.

The above order requires all milk sold within the district to be sold under special designations. The special designations authorised by the Milk (Special Designations) Regulations, 1949-1954, are Pasteurised, Tuberculin Tested and Sterilised.

ICE CREAM.

There are on the Register 48 Retailers who retail only pre-packed ice cream.

81 inspections were made during the year of the 48 premises, and of 6 contraventions found, 5 were remedied.

THE FOOD AND DRUGS ACT, 1955, provides for the sampling of food and drugs for analysis or for bacteriological and other examinations. The Lindsey County Council is the authority responsible for these duties. I am grateful to Dr. C. D. Cormac, County Medical Officer of Health, and Mr. G. Collinson, County Health Inspector for the following information.

SAMPLES TAKEN UNDER FOOD AND DRUGS ACT, 1955.

Article Sampled.	No. of samples taken.
Milk	6
Cream	1
Margarine	2
Potted Meat	1
Cheese	1
Lard	1
Other Canned Vegetables	1
Tinned Fruit	1
Dried and Preserved Fruit	1
Spirits	1
Miscellaneous Wines	1
Miscellaneous foods	4
Drugs	1
Total ...	22

All the above samples were satisfactory.

Meat, Foods and Slaughterhouse Inspections

CARCASES INSPECTED AND CONDEMNED

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	279	—	—	498	789
Number inspected	279	—	—	446	789
All disease except Tuberculosis & Cysticerci Whole Carcases condemned	—	—	—	—	2
Carcases of which some part or organ was condemned	11	—	—	8	4
Percentage of number inspected affected with disease other than tuberculosis	5.0	—	—	1.80	0.76
Tuberculosis only. Whole Carcases condemned	1	—	—	—	—
Carcases of which some part or organ was condemned	18	—	—	—	8
Percentage of number inspected affected with tuberculosis	6.8	—	—	—	1.0
Cysticercosis. Carcases of which some part or organ was condemned	8	—	—	—	—
Carcases submitted to treatment by refrigeration	8	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

No horse slaughtering for human consumption is carried on within the District.

No veterinary ante-mortem inspection of animals is undertaken.

No action was necessary in regard to meat offered for sale by retail.

FOOD CONDEMNED DURING 1958.

140lbs. Forequarter Beef (Slaughtered outside district).

$3\frac{3}{4}$lbs. Tinned Shrimps.

Condemned meat is disposed of to approved processors; other foods condemned are disposed of by burial at the Council's refuse tip.

SLAUGHTER OF ANIMALS ACTS, 1933 to 1954.

There are 50 slaughtermen licensed by the Council under the above Acts.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

Water is purchased in bulk from the Don Valley Water Board and the East Retford Rural District Council on long term agreements. Distribution is effected by means of two water towers, one situated at Haxey and the other at Crowle. In addition to supplying the domestic needs of the District the Council provides water to industries and a large number of farms for cattle and market gardening. Water is available and used in all the built-up portions of each parish, as well as to a large number of premises not in the built-up areas, the total quantity now available being 600,000 gallons per day.

Number of dwellinghouses	5,221
Number of these supplied from mains	5,003

SEWERAGE AND SEWAGE DISPOSAL.

The Council's two disposal works provide treatment for part of the parishes of Keadby-with-Althorpe and Crowle.

Proposals for the parish of Epworth, approved by the Ministry of Housing and Local Government have been deferred by the Council for reconsideration. Alternative proposals for making use of the existing Disposal Works at Sandtoft Airfield are being submitted to the Ministry of Housing and Local Government for consideration. It is anticipated that one or the other of these proposals will be commenced during 1959.

Additional proposals approved by the Ministry for the Parishes of Haxey, West Butterwick and Belton will be carried out in the near future.

Sewage disposal facilities for the area are very inadequate as the following figures show:

Number of houses with privy vaults ...	116
Number of houses with pail closets	3,030
Number of houses with water closets ...	1,385
Number of water closets substituted for pail closets or privy vaults ...	22

With the exception of Crowle and Keadby Bridge area all the sullage water is discharged into open land drains. The fouling of these drains is a constant source of complaint and is a worry to the Health Department. It is to be hoped that the provision of sewerage and sewage disposal works for all the villages be a foremost thought in all our minds. The inadequate sewerage and sewage disposal has also limited the location and number of houses that can be built in the area. Proper sewage disposal is a most urgent and pressing need.

REFUSE COLLECTION.

Proper storage and disposal of refuse to avoid nuisance is essential to the health of the community. The condition in which refuse is kept near the doors of houses and food premises whilst awaiting collection, is closely linked with fly control. Moist refuse is a good breeding place for flies. If the period of collection is long, there may be time for eggs laid in the refuse to hatch out.

A female fly lays eggs in batches of about 120. From egg to adult fly occupies about three weeks in English summer weather, and a shorter period in really hot weather. Thus, three weekly collections can allow time for a new generation of flies. Collection periods should not allow time for flies to complete a life cycle.

Flies are accused of transferring many diseases. They feed on the faeces of many animals, including man; also on sugar, jam, bread and other foods we eat without further cooking. They deposit vomit and faeces on everything on which they alight. When feeding on solids they attempt to soften it by means of vomit and saliva. Disease causing organisms are believed to survive for days in the crop and thus infect food. Their faeces may also be affected. Flies can also carry various germs on the hairs, especially of their legs. In these ways many diseases may be spread.

All measures to control flies should be adopted in the community. This includes the proper storage of refuse, its frequent removal and proper disposal. The local authority have a definite responsibility for the latter.

The collection of household refuse is carried out fortnightly. Disposal by tipping on public tips continues at Crowle, West Butterwick, Epworth and Haxey. Nightsoil collections are made weekly, disposal being chiefly by treatment at Sewage Works at Crowle and Sandtoft. With the exception of scattered outlying properties, both services operate throughout the area.

Private Septic Tanks, cesspools, etc., are emptied on request at a flat rate charge of 15/-.

DISINFECTION AND DISINFESTATION.

Disinfection was carried out in 14 houses in which cases of infectious disease occurred. 14 houses were disinfested.

OFFENSIVE TRADES.

The number on the Register is one and eight visits were paid to the premises to ensure compliance with the bye-laws. No contravention was found.

SHOPS ACT, 1950.

Twenty-three visits were paid during the year to ensure compliance with the provisions of the above Act in relation to the health and comfort of shop workers. No contraventions were found.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following information extracted from the form prescribed by the Ministry of Agriculture, Fisheries and Food, is for the twelve month period ending 31st March, 1959.

	Type of Property				
	Local Authority	Dwellinghouses	Agricultural	All other (including business premises)	Total
Number of properties in Local Authority's District	29	4641	281	378	5329
Number of properties inspected as a result of : (a) Notification	—	79	84	40	203
(b) Survey under the Act	—	—	—	—	—
(c) Otherwise (*e.g.* when primarily visited for some other purpose)	—	28	8	83	119
Total inspections carried out (including re-inspections)	—	187	138	191	516
Number of properties inspected which were found to be infested by : (a) Rats (Major)	2	0	0	0	2
(Minor)	11	80	87	48	226
(b) Mice (Major)	0	0	0	0	0
(Minor)	0	2	0	0	2
Number of infested properties treated by the Local Authority	13	18	—	—	—
Total treatments carried out (including re-treatments)	38	25	5	13	81
Number of notices served under Section 4 of the Act (a) Treatment	Nil	Nil	1	Nil	1
(b) Structural Work	Nil	Nil	Nil	Nil	Nil
Number of cases in which default action was taken following issue of a notice under Section 4 of the Act	Nil	Nil	Nil	Nil	Nil
Legal Proceedings	Nil	Nil	Nil	Nil	Nil
Number of " Block " control schemes carried out	Nil	Nil	Nil	Nil	Nil

FACTORIES ACTS, 1937 and 1948

The number of factories on the register, including three bakehouses is 106. During the year 122 visits were paid to these premises, which resulted in three offences against the Act being remedied. This work has been facilitated by the ready co-operation which has been extended at all times by Her Majesty's Inspector for the District.

The following table in the form required by the Ministry of Labour and National Service, gives a summary of the work undertaken by the Public Health Inspectors.

PART I OF THE ACT

Inspections for purposes of provisions as to health.

Premises.	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	28	31	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	51	62	—	—
(iii) Other premises in which Sec. 7 is enforced by the Local Authority excluding outworkers ...	27	29	—	—
Totals ...	106	122	1	—

Cases in which defects were found.

Particulars	Number of Cases in Which Defects Were Found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences:					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	1	1	—	—	—
(c) Not separate for sexes	—	—	—	1	—
Other offences against the Act	—	—	—	—	—
Totals	1	1	—	1	—

FACTORIES ACTS, 1937 and 1948. PART VIII OF THE ACT.

OUTWORK. Sections 110 and 111.

One Outworker was listed during the year.